FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. IND. DEP. DEP. IND. IND. IND. DEP. DEP. DEP. BEST AVAILABLE COPY þ TOTAL IND. ı D **_** TOTAL IND. Û TOTAL DEP. TOTAL DEP.

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